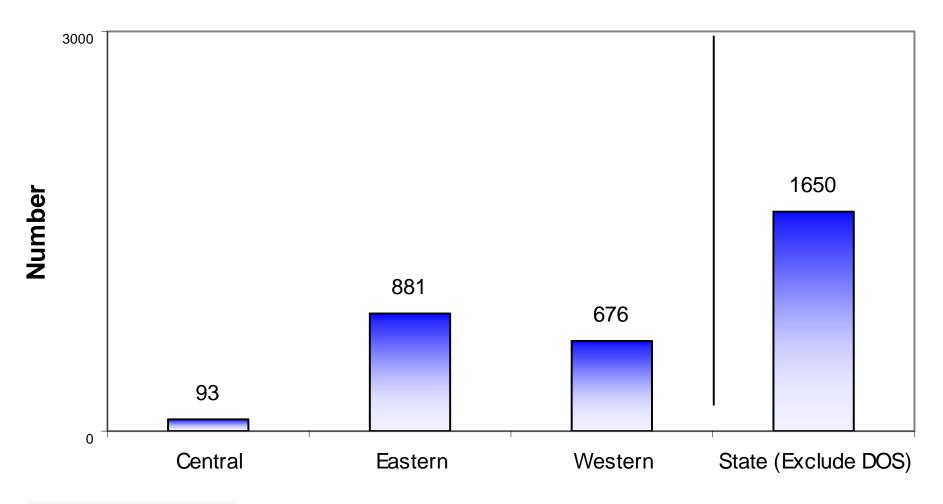
State Trauma Care Committee Report

January 1 – June 30, 2007







Central Region Facilities

White Sulphur Springs - Mountainview Med. Ctr. MAF	6
Havre - Northern Montana Hospital	g
Choteau - Teton Medical Center MAF	8
Conrad - Pondera Medical Center	27
Chester - Liberty County Hospital	2
Helena - St. Peter's Hospital	40
Total	92

MT STCC 1st, 2nd & 3rd Qtrs 2007



Livingston Memorial Hospital	24
Roundup Memorial Hospital	6
Culbertson - Roosevelt Memorial Hospital	5
Harlowton - Wheatland Memorial Hospital	16
Red Lodge - Beartooth Hospital & Health Center	15
Plentywood - Sheridan Memorial Hospital	2
Sidney Health Center	14
Wolf Point - Northeast Montana Health Services	15
Poplar - Northeast Montana Health Services	13
Glasgow - Frances Mahon Deaconess Hospital	9
Big Timber - Sweet Grass Community Hospital	9
Bozeman Deaconess Hospital	101
Billings - Deaconess - Billings Clinic	294
Billings - Saint Vincent Hospital & Health Center	348
Colstrip Medical Clinic	11
Total	882

N = 1650

MT STCC 1st, 2nd & 3rd Qtrs 2007



Western Region Facilities

Plains - Clark Fork Valley Hospital	7
Polson - St. Joseph Hospital	10
Anaconda - Community Hospital of Anaconda	25
Hamilton - Marcus Daly Memorial Hospital	17
Dillon - Barrett Hospital	17
Superior - Mineral County Hospital	43
Ronan - St. Luke Community Hospital	28
Whitefish - North Valley Hospital	10
Kalispell Regional Hospital	122
Missoula - Community Medical Center	21
Butte - St. James Community Hospital	92
Missoula - St. Patrick Hospital	284

MT STCC 1st, 2nd & 3rd Qtrs 2007

676

Total



First-third Quarter Data Missing

- Central: Benefis
 - St. Peter's Hospital/partial
- Western- Kalispell Regional/partial CMC/partial

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Additional Registry Facilities

- Beartooth Hospital, Red Lodge
- Big Sandy Medical Center
- Daniels Memorial, Scobey
- Roosevelt Medical Center, Culbertson
- Broadwater Health Center, Townsend
- Granite County, Phillipsburg
- Big Horn Memorial, Hardin
- McCone County, Circle
- Missouri River, Fort Benton
- Central Montana Medical, Lewistown
- Ruby Valley, Sheridan

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Additional Registry Facilities

- Powell County, Deer Lodge
- Prairie Community, Terry
- Madison Valley, Ennis
- Fallon Medical Center, Baker
- Powder River, Broadus
- Dahl Memorial, Ekalaka
- Northern Rockies, Cutbank
- Rosebud Health Center, Forsyth
- Holy Rosary, Miles City
- Phillips County, Malta

Patient YTD Demographics N = 1650

82% ages 10-64 $5\% < 10 \ 13\% \ge 65$

81% White 11% Native 5% ND

67% Male 33% Female

1st-2nd Quarter Patient YTD Demographics N = 1014

92% Blunt 6% Penetrating

37% MVC 7% Horse

20% Falls

13% MC

4% Assault 2% Pedestrian

2 % Bicycle

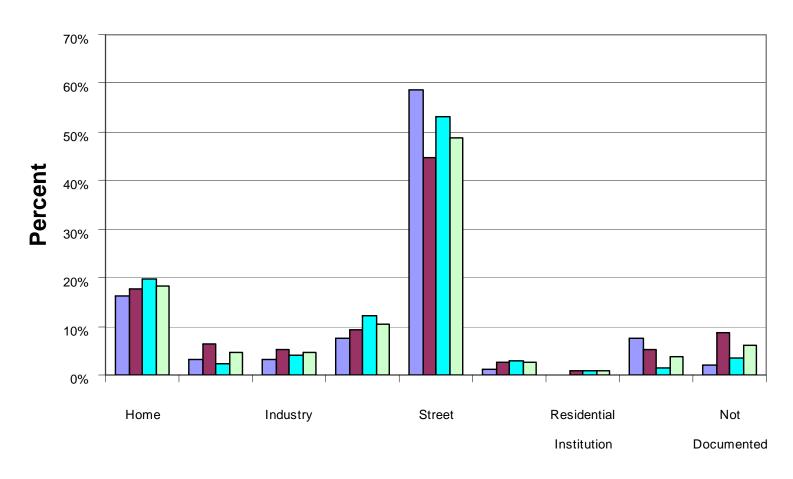
49% Street/Highway

18% Home

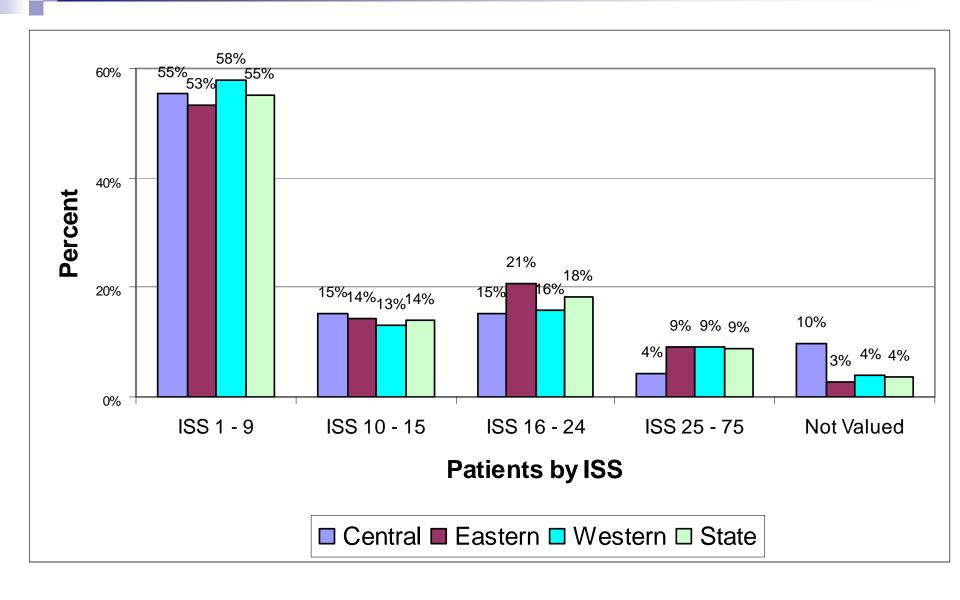
N = 1650

MT STCC 1st, 2nd & 3rd Qtrs 2007

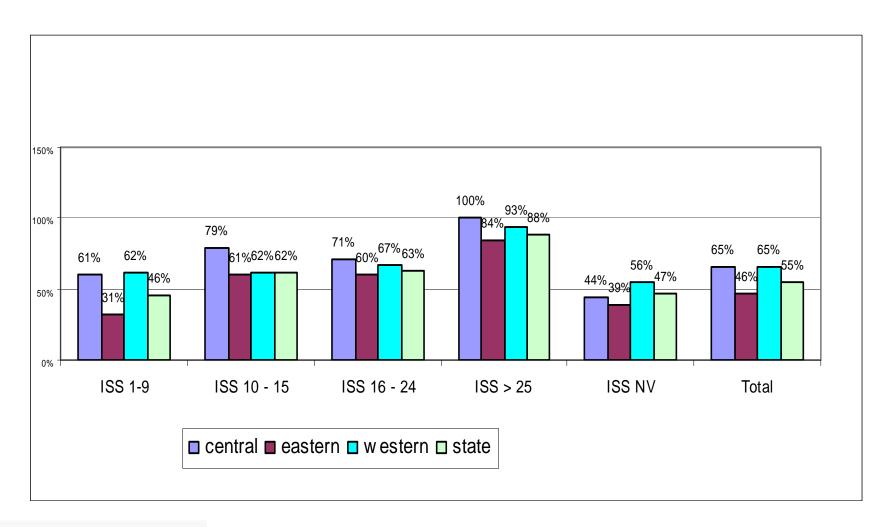
Location by Region Comparison



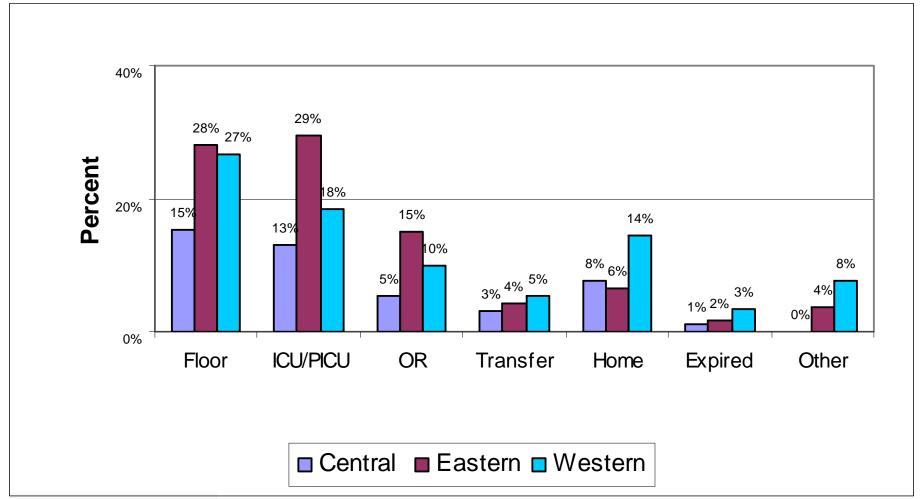




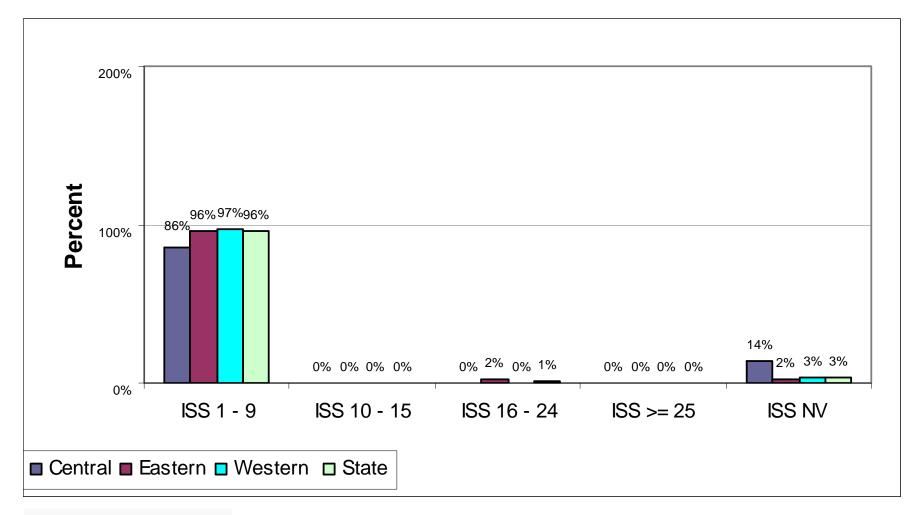






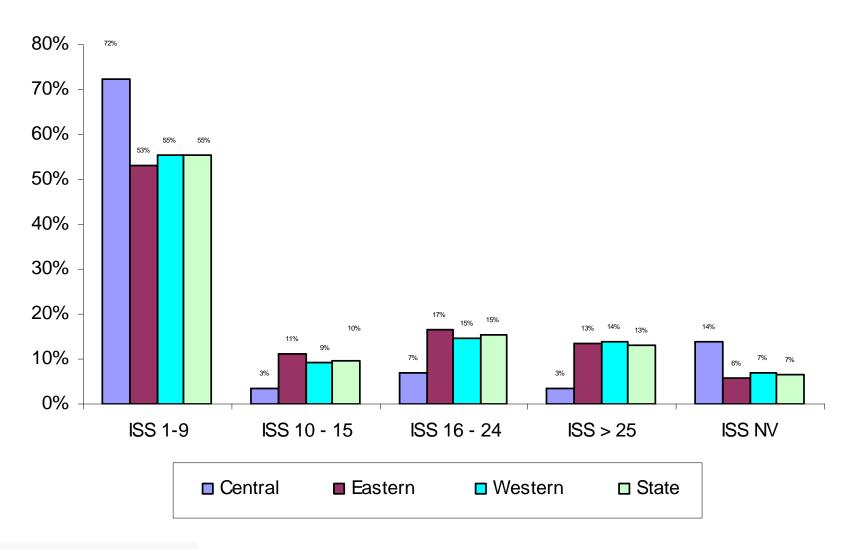


ED to Home by ISS



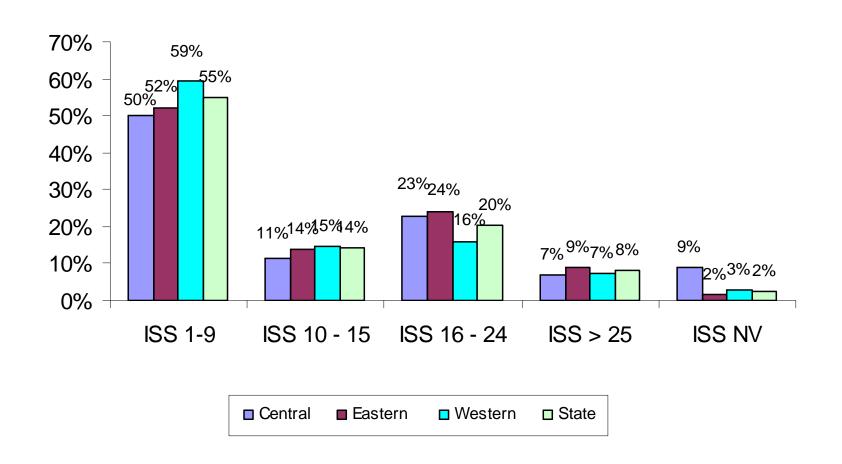
STATE

ED LOS: Less than 120 Minutes

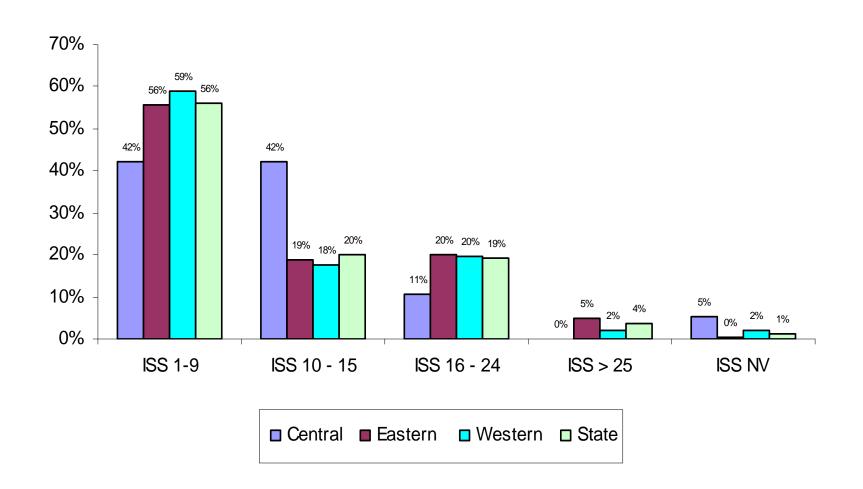


M

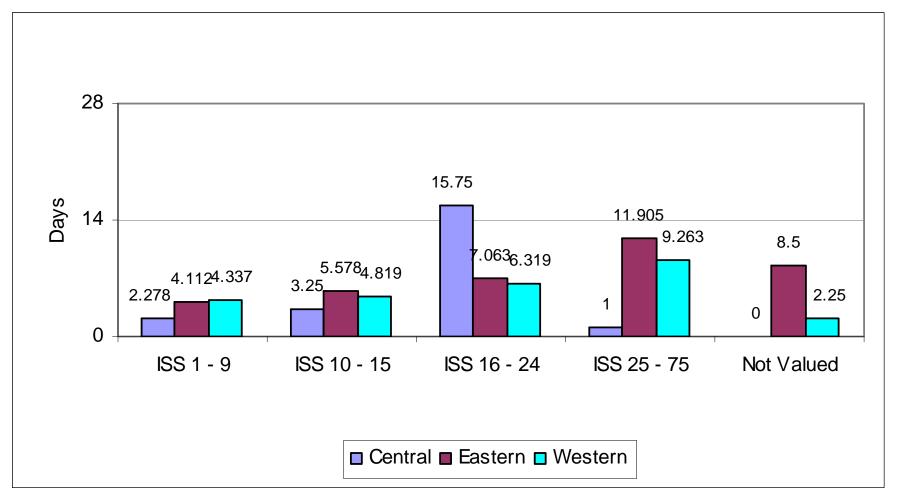
STATE **ED LOS: 120 - 239 Minutes**



STATE **ED LOS: >239 Minutes**

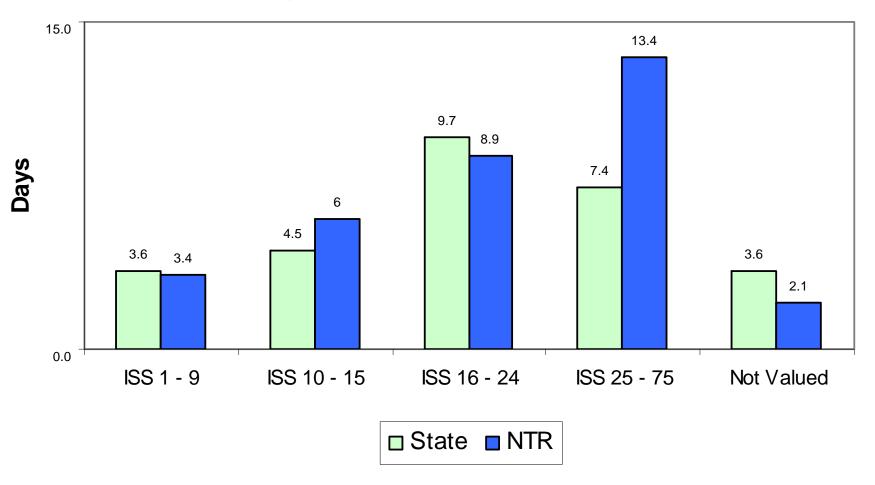




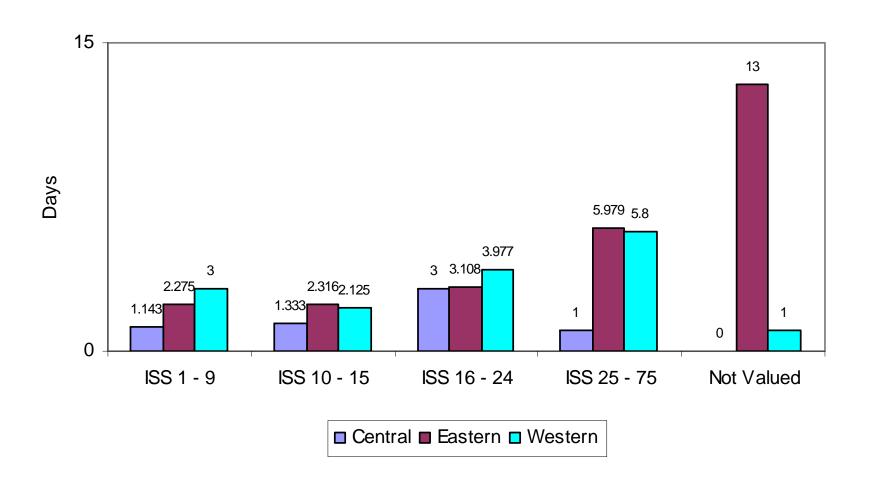


Avg. Hospital LOS

(comparing State and National Trauma Registry)

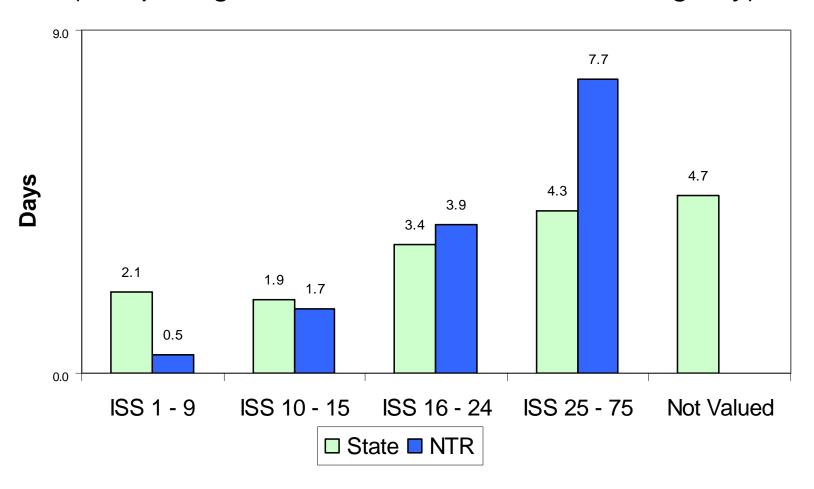


Avg. ICU LOS by Region

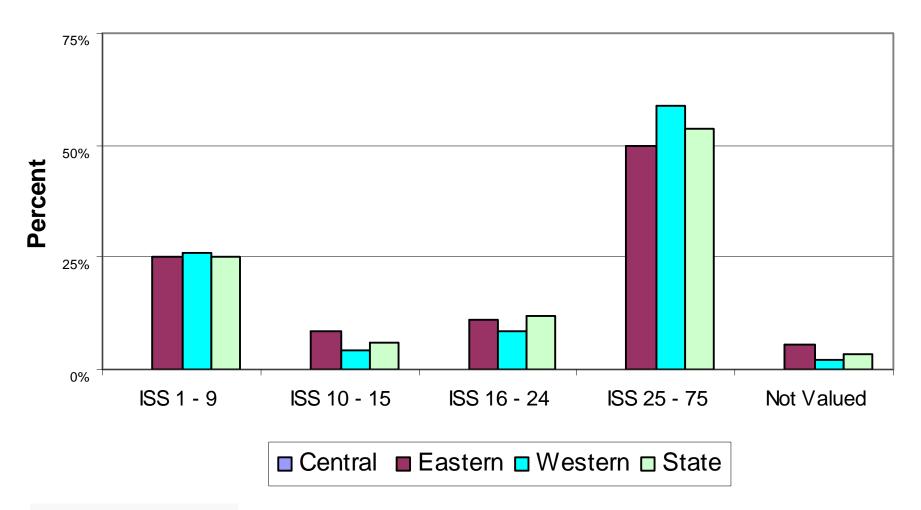


Avg. ICU LOS

(comparing State and National Trauma Registry)







м

Fatalities (no DOS)

Injury Causes Of Fatalities

N = 84 YTD

<u>MVC</u> – 32 (38%)

Falls – 16 (19%)

MC - 13 (15%)

SI GSW - 5

Pedestrian - 4

Assault/Stabbing - 3

Bicycle vs vehicle - 4

SI Hanging - 1

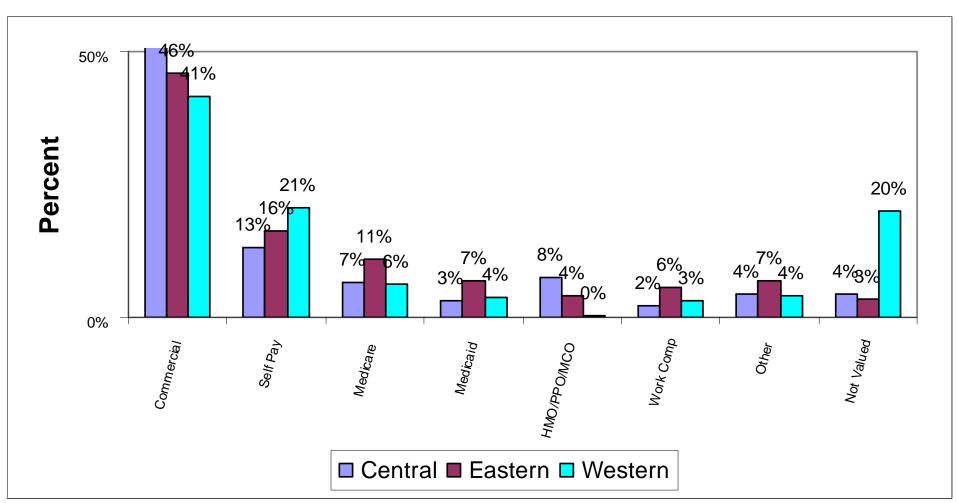
Anoxia/drowning) - 3

Horse-related - 2

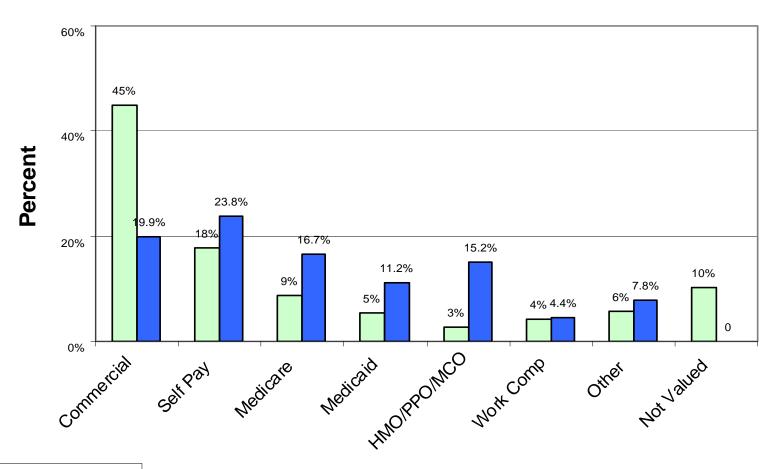
ATV - 1

Fatalities





Payors – State vs. NTDB





Performance Indicators

1st – 3rd Quarters 2007 January 1 – June 30, 2007

PI # 1: Trauma Patients Transported per EMS Without Trip Report in the Medical Record

Prehospital Transport: YTD 1159 (70%)

Report available: YTD 848 (73%),

No Report: YTD 296 (25%),

ND: 15 (2%)

PI#1cont'd

Ambulance Transports YTD

Central: 72

+ Report: 69, No Report 2

Eastern: 523

+ Report: 379 (72%), No Report: 140 (27%),

Western: 469

+ Report: 318 (68%), No Report 142 (30%),



PI # 1

- Larger services w/more patients have few trends
- MANY smaller services w/few patients w & wo trip reports account for most missing
- Strategy:Focus on small service thru individual facility feedback, add CAH PIN indicators

re.

PI # 2: Transferred Trauma Patients w/ISS > 15 & time at first facility > 6 hrs

5 YTD transfers w/ISS ≥ 15 & time @ facility ≥ 6 hrs

Avg. hours = 32.01 hrs

2 transf. from ED; Avg time; 7.03hr

3 admitted prior to transfer;

Avg time; 48.66hr

PI #3: Trauma patients with ISS ≥ 15 and ED time ≥ 2 hours

YTD 185 patients (18%)

□YTD Average ED time: 225 min (3.75hr)

□YTD Average ISS: 21

ED Disposition for patient w/ED time > 2 hrs & ISS > 15

YTD N = 296

ED Disposition

ICU 49%

OR 11%

Floor 16%

Step down 3%

Peds < 1%

Avg. ED time

3.23hr

3.15hr

3.75hr

4.23hr

3.25hr

Transferred to Acute Care 18%

3.35hr

PI # 4:

Trauma patients who died with an ISS ≤ 15

N= 26 YTD

3rd quarter= 12

Most died in ED (9/12)

Most "undercoded" due to lack of complete Dx of injuries in ED

&/OR relatively minor visible injuries

PI # 5: Patients w/GCS ≤ 9 & not intubated Patients not transferred YTD: 4

1st quarter: 2 patients

#1 Trauma code, Stab wound to chest, GCS 3, exanguinated, NO ET

#2Transfer; stab wound/abd, 2nd ED GCS 8, +BAC to OR 42", ET in OR

2nd quarter; 2 patients;

#1; Trauma code, MVC multiple pts
BLS per EMS/family present- To ED, efforts
DC'd on arrival, open skull fx, No ET

#2; EMS GCS 13, ED GCS 9, facial injuries
+ ETOH, + cannabis, + benzos
In ED 3hr 52"; to OR for facial repair
"uncooperative", responsive, in restraints
Allowed to gradually awaken,
No ET prior to OR- dism to home after 6 hosp days, 2 in ICU

100

3rd quarter -1 pt

16yr male MCC

EMS GCS = 14, ED GCS = 9

+ETOH, concussion/brief coma, scalp lac; CT neg

"condition improved" No further ED GCS GCS 15 on arrival ICU Home next day w/GCS 15

PI # 5 GCS < 9 & Not Intubated/<u>Transfers</u>

YTD = 3

3rd Quarter: 1pt

13 y F off-road MCC

GCS: EMS/13, ED/9

Head CT neg: awakened to GCS 15 in ED

Adm. Floor

Transferred to Ped Facility ICU same day due to

DI; DC after 2 days w/GCS 15, DI resolved

PI # 5 GCS < 9 & Not Intubated/Transfers

#2; 13 yr MC, EMS GCS/13, ED GCS/9 CT neg, rapid improvement in LOC GCS 15 on adm to floor (3'25" ED) Transferred to Ped. Center later same day after devel. Diabetes Insipidus, GCS 15 Dism to home after 2 days/GCS 15 & DI resolved